Sacramental Programme 2026 - Registration Form

(PLEASE PRINT CLEARLY)

Child/Recipient's FULL NAME: _____
(TO BE PRINTED ON THE FIRST HOLY COMMUNION / CONFIRMATION CERTIFICATE)

Address: _____

Child's age: _____ Date of Birth: _____

Parent's names: Mother:_____ Mobile:_____

Father:_____ Mobile:_____

Home telephone number: _____

Email address: _____

Godparent / Sponsor's Name: _____

Saint name for the Sacrament of Confirmation: _____

Photos of the Sacramental Programme participants may be added to our parish website and/or used in parish newsletters. If you would prefer we don't use photos of your family, please advise and we will make the necessary arrangements. Please tick this box to acknowledge your agreement. ☐

Sacraments	Already received	Would like to receive
Baptism	◯	◯
Reconciliation	◯	◯
Confirmation	◯	◯
First Eucharist	◯	◯

Signed: _____ **(Mother/Father/Caregiver)**

This form to be filled and submitted to parish office (use drop box at the door if office is closed).
Can also be emailed: sacramental.stdoms@gmail.com